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Bib Data Sheet

CONFIRMATION NO. 5459

|                                    |   |                     |                               |   |
|------------------------------------|---|---------------------|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>10/803,522 | <b>FILING OR 371(c)<br/>DATE</b><br>03/17/2004<br><b>RULE</b> | <b>CLASS</b><br>425 | <b>GROUP ART UNIT</b><br>1722 | <b>ATTORNEY DOCKET<br/>NO.</b><br>00106/00001US |
|------------------------------------|---|---------------------|-------------------------------|---|

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/455,275 03/17/2003 ✓

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

06/02/2004

\*\* SMALL ENTITY \*\*

|  |                                   |                                 |                               |                                    |
|--|-----------------------------------|---------------------------------|-------------------------------|------------------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | <b>STATE OR<br/>COUNTRY</b><br>OH | <b>SHEETS<br/>DRAWING</b><br>22 | <b>TOTAL<br/>CLAIMS</b><br>16 | <b>INDEPENDENT<br/>CLAIMS</b><br>2 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                                   |                                 |                               |                                    |
| Verified and Acknowledged <u>                    </u> Examiner's Signature <u>                    </u> Initials                                  |                                   |                                 |                               |                                    |

## ADDRESS

41939

## TITLE

Rotary injection molding apparatus and method for use

|                                       |   |   |
|---------------------------------------|---|---|
| <b>FILING FEE<br/>RECEIVED</b><br>450 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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